



LICENSING DIVISION
P.O. Box 989002 (916) 445-7724
West Sacramento, CA 95798-9002



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES CERTIFICATE IN SUPPORT OF EXPERIENCE

The information on this form is used to determine experience qualifications of applicants for licensure and is requested pursuant to Business and Professions Code sections 7504, 7525.5, 7541.1, 7544.1, and 7599. One form must be completed by each person (declarant) who is certifying the applicant's experience. The declarant section of the form must be completed by someone other than the applicant who has knowledge of the work experience claimed by the applicant. Use a separate form for each employer.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Type of License Applied for:				
<input type="checkbox"/> PRIVATE INVESTIGATOR		<input type="checkbox"/> ALARM COMPANY		<input type="checkbox"/> REPOSSESSION AGENCY QUALIFIED MANAGER
<input type="checkbox"/> PRIVATE PATROL OPERATOR		QUALIFIED MANAGER		
1. Name of Applicant				
2. Residence Address of Applicant:		Number and Street	City	State Zip Code
3. Applicant's Telephone Number				
Residence ()		Business ()		
4. Name of Employer From Whom Applicant Acquired Experience			5. Name of Immediate Supervisor	
6. Address of Above Employer:		Street	City	State Zip Code
			7. Employer's Business Telephone Number ()	

THIS SECTION TO BE COMPLETED BY THE DECLARANT

The declarant is the person who certifies or attests to the applicant's experience. The information given is important to the applicant since it may help that person qualify for a state license. It is also important to the Bureau of Security and Investigative Services which uses it to determine if the applicant meets the experience requirements for a state license.

Please complete this form and return it to the applicant. Incomplete or inaccurate forms may be returned and/or may prevent or delay the applicant from qualifying for licensure. A bureau representative may contact you by telephone or letter to verify statements or to get additional information regarding the applicant's experience qualifications. One year of experience is considered to be a minimum of 2,000 hours of compensated time in the specific licensed field.

The applicant may have several declarants; you may be certifying only part of the experience required. The total time needed for each type of license is: PRIVATE INVESTIGATOR, 6,000 hours; ALARM COMPANY QUALIFIED MANAGER, 4,000 hours; PRIVATE PATROL OPERATOR, 2,000 hours; REPOSSESSION AGENCY QUALIFIED MANAGER, 4,000 hours of experience in this state within the last five years.

8. Name of Declarant				
9. Address of Declarant:		Number and Street	City	State Zip Code
10. Declarant's Telephone Number			11. Declarant's License Number if licensed with this bureau:	
Residence ()		Business ()		
12. Name of Declarant's Employer:				
13. Address of Declarant's Employer:		Number and Street	City	State Zip Code
14. Declarant's Relationship to Applicant:				
<input type="checkbox"/> Present Employer		<input type="checkbox"/> Former Employer	<input type="checkbox"/> Present Supervisor	<input type="checkbox"/> Former Supervisor
<input type="checkbox"/> Other (Give full explanation on back of this form)				
15. Declarant Has Personally Known Applicant For:			16. Applicant Employed by Employer Named In Number 4 For:	
Years		Months	Years Months	

CONTINUED ON OTHER SIDE

17. Describe in Detail the employment duties of the applicant during the period that you are declaring. Please indicate the percentage of time performing the types of duties listed in the box on the right.

Position Title	Total Hours Accumulated	(Percentages Must Be Shown)
Exact Dates of Employment (List Month, Day and Year)		PERCENTAGE OF TIME Investigation _____ % Guard Patrol _____ % Alarm: _____ % Repossession: _____ % Office: (Explain) _____ % Other: (Explain) _____ % (Please use the space provided below for explanation.)
From: _____	To: _____	
Description of Duties: _____ _____ _____ _____ _____ _____ _____		Is/was applicant: On payroll? <input type="checkbox"/> Subcontractor? <input type="checkbox"/> Other? (Explain below) <input type="checkbox"/> Full-time? <input type="checkbox"/> Part-time? (Please give number of hours usually worked per week, month, etc.) <input type="checkbox"/>

The undersigned hereby declares under penalty of perjury, under the laws of the State of California, that all statements contained herein are true and correct.

 Date Signature of Declarant Title

For Private Investigator Only PLEASE NOTE: Only an employer or his or her designated agent may certify the investigative experience obtained by the applicant.

Per California Civil Code, Section 1798.17 (Information Practices Act), the chief of the bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Additional Comments: _____ _____ _____ _____
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Department Use Only
Lic. No.: _____ Dates: _____ Reason: _____ Initials: _____ Date: _____